

Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

Form ACO-1

January 2018

Form must be Typed

Form must be Signed

All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

New Well Re-Entry Workover

Oil WSW SWD

Gas DH EOR

OG GSW

CM (Coal Bed Methane)

Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

Deepening Re-perf. Conv. to EOR Conv. to SWD

Plug Back Liner Conv. to GSW Conv. to Producer

Commingled Permit #: _____

Dual Completion Permit #: _____

SWD Permit #: _____

EOR Permit #: _____

GSW Permit #: _____

Spud Date or Recompletion Date _____ Date Reached TD _____ Completion Date or Recompletion Date _____

API No.: _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

Confidentiality Requested

Date: _____

Confidential Release Date: _____

Wireline Log Received Drill Stem Tests Received

Geologist Report / Mud Logs Received

UIC Distribution

ALT I II III Approved by: _____ Date: _____

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No Geologist Report / Mud Logs <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
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CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

1. Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*
2. Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*
3. Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Date of first Production/Injection or Resumed Production/Injection:	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____			
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <i>(Submit ACO-4)</i>	PRODUCTION INTERVAL: Top Bottom
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Shots Per Foot	Perforation Top	Perforation Bottom	Bridge Plug Type	Bridge Plug Set At	Acid, Fracture, Shot, Cementing Squeeze Record <i>(Amount and Kind of Material Used)</i>

TUBING RECORD:	Size:	Set At:	Packer At:	
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Form	ACO1 - Well Completion
Operator	Culbreath Oil & Gas Company, Inc.
Well Name	DEWEY TRUST 2-3
Doc ID	1364048

All Electric Logs Run

Resistivity
Porosity
Micro
Sonic
Surv
AHV

Form	ACO1 - Well Completion
Operator	Culbreath Oil & Gas Company, Inc.
Well Name	DEWEY TRUST 2-3
Doc ID	1364048

Tops

Name	Top	Datum
Anhydrite	2950	314
Topeka	3932	-668
Heebner	4104	-840
Lansing	4150	-886
Stark	4338	-1074
BKC	4390	-1126
Pawnee	4508	-1244
Cherokee	4586	-1322
Mississippi	4779	-1515

Form	ACO1 - Well Completion
Operator	Culbreath Oil & Gas Company, Inc.
Well Name	DEWEY TRUST 2-3
Doc ID	1364048

Perforations

Shots Per Foot	Perforation Record	Material Record	Depth
4	4455-4459	300gal, 15%MCA, 2% mS	4459



TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Culbreath Oil & Gas Co Inc

3-5s.-35w. Rawlins Co.

3501 S. Yale Ave
Tulsa, OK 74135

Dewey Trust #2-3

ATTN: Larry Nichleson

Job Ticket: 61248

DST#: 1

Test Start: 2017.06.11 @ 20:48:00

GENERAL INFORMATION:

Formation: **LKC "D"**

Deviated: No Whipstock: ft (KB)

Time Tool Opened: 00:59:30

Time Test Ended: 05:47:00

Test Type: Conventional Bottom Hole (Initial)

Tester: Martine Salinas

Unit No: 82

Interval: 4192.00 ft (KB) To 4220.00 ft (KB) (TVD)

Reference Elevations: 3262.00 ft (KB)

Total Depth: 4220.00 ft (KB) (TVD)

3252.00 ft (CF)

Hole Diameter: 7.88 inches Hole Condition: Fair

KB to GR/CF: 10.00 ft

Serial #: 8322 Inside

Press@RunDepth: 16.84 psig @ 4193.00 ft (KB)

Capacity: 8000.00 psig

Start Date: 2017.06.11

End Date:

2017.06.12

Last Calib.:

2017.06.12

Start Time: 20:48:01

End Time:

05:47:00

Time On Btm:

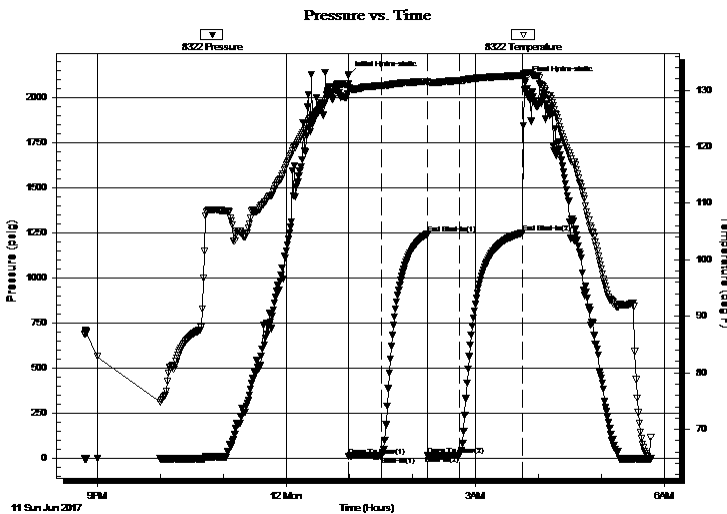
2017.06.12 @ 00:59:10

Time Off Btm:

2017.06.12 @ 03:47:30

TEST COMMENT: 30-IF- Weak surface blow
45-ISI-No blow
30-FF- No blow
60-FSI-No blow

PRESSURE SUMMARY



Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2122.87	131.08	Initial Hydro-static
1	14.03	130.52	Open To Flow (1)
32	15.32	130.77	Shut-In(1)
76	1243.89	131.58	End Shut-In(1)
76	16.87	131.30	Open To Flow (2)
106	16.84	131.70	Shut-In(2)
166	1251.27	132.61	End Shut-In(2)
169	2095.49	132.93	Final Hydro-static

Recovery

Length (ft)	Description	Volume (bbl)
5.00	100%M	0.07

Gas Rates

Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

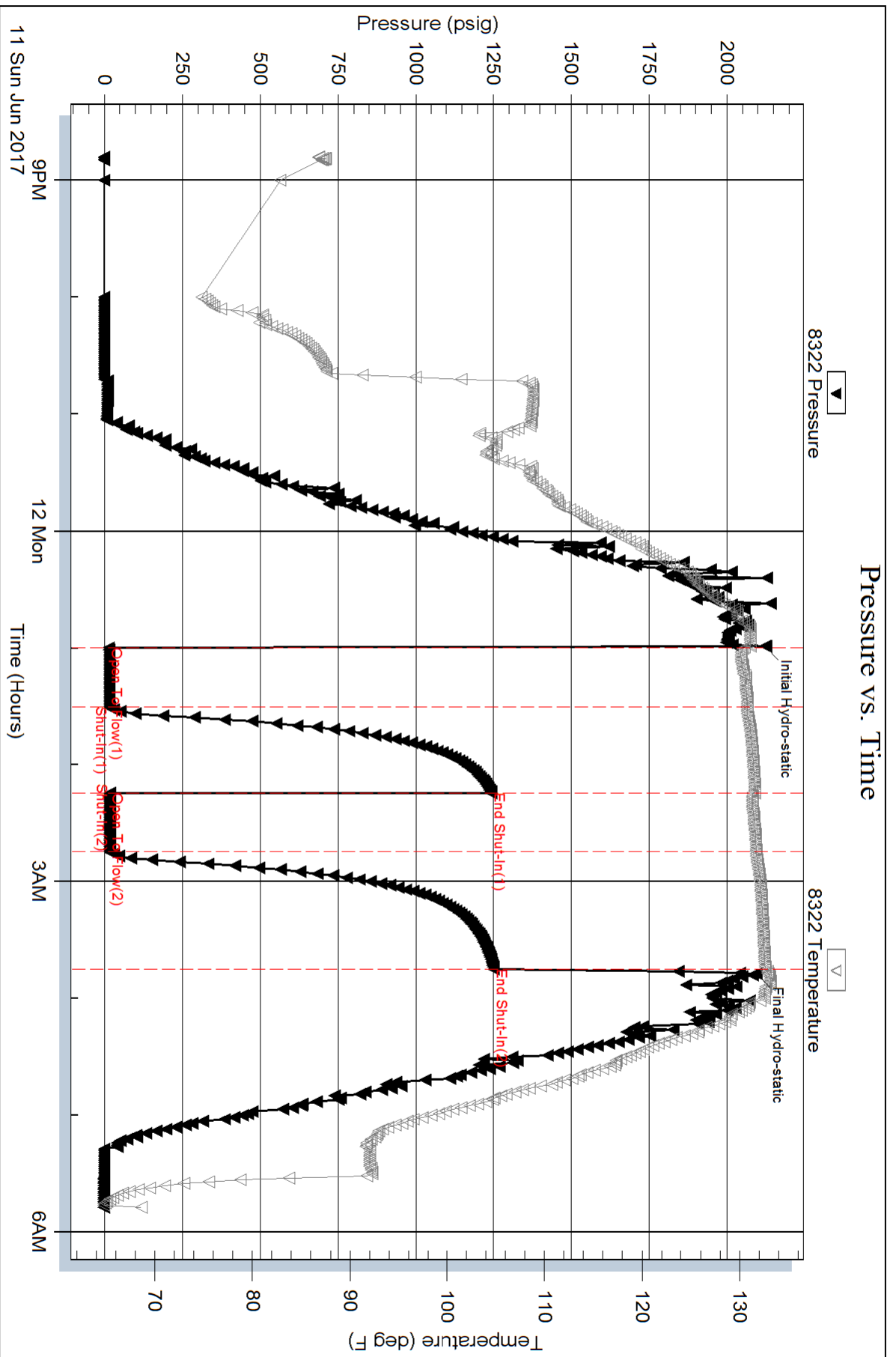
Serial #: 8322

Inside

Culbreath Oil & Gas Co Inc

Dewey Trust#2-3

DST Test Number: 1



Triobite Testing, Inc

Ref. No: 61248

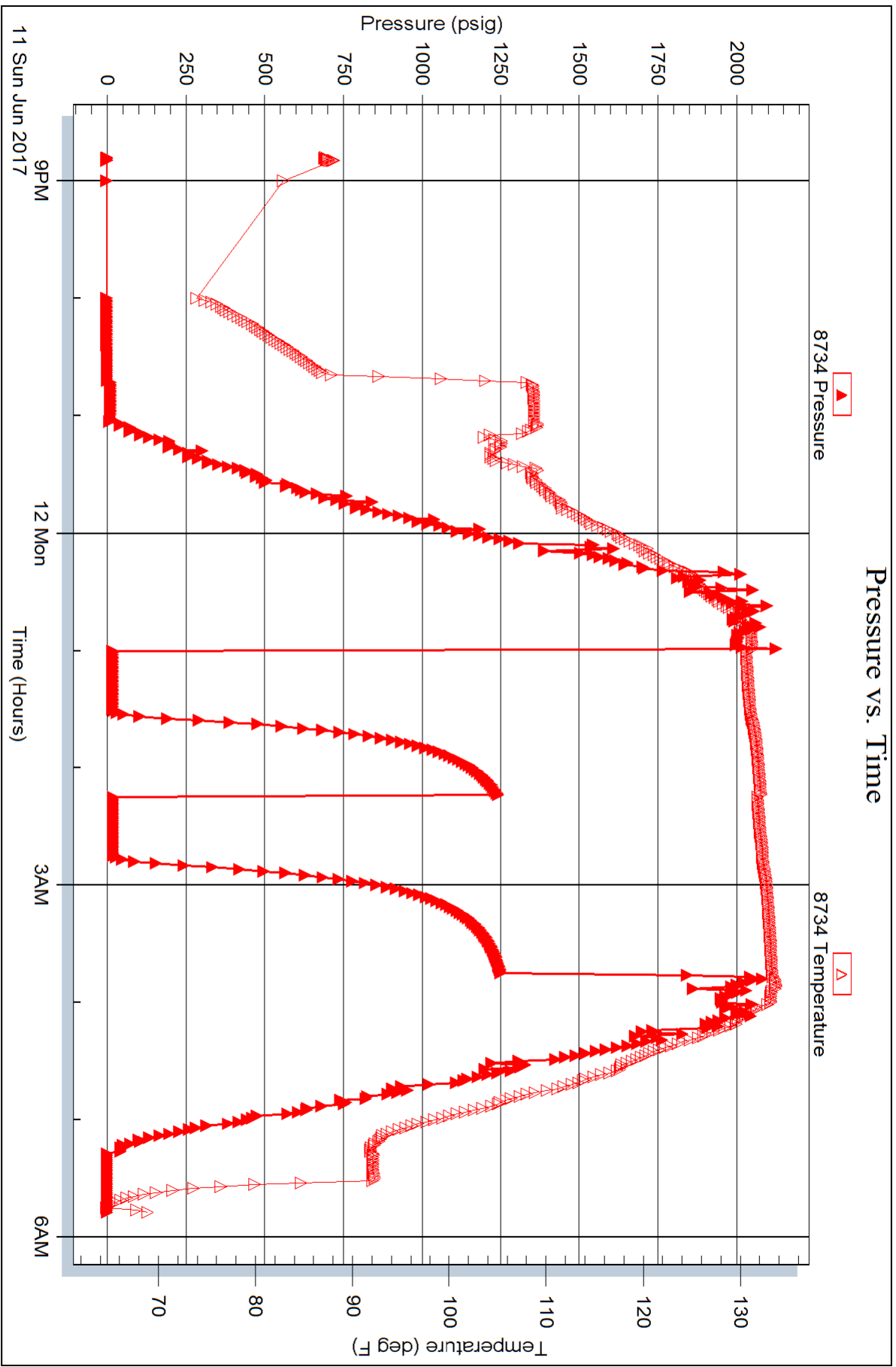
Printed: 2017.06.12 @ 06:45:30

Serial #: 8734

Outside Culbreath Oil & Gas Co Inc

Dewey Trust#2-3

DST Test Number: 1





TRILOBITE TESTING, INC.

DRILL STEM TEST REPORT

Culbreath Oil & Gas Co Inc

3-5s.-35w. Rawlins Co.

3501 S. Yale Ave
Tulsa, OK 74135

Dewey Trust #2-3

Job Ticket: 61249

DST#: 2

ATTN: Larry Nichleson

Test Start: 2017.06.13 @ 02:43:00

GENERAL INFORMATION:

Formation: **LKC "J"**
 Deviated: No Whipstock: ft (KB)
 Time Tool Opened: 04:29:20
 Time Test Ended: 09:49:39
 Interval: **4300.00 ft (KB) To 4350.00 ft (KB) (TVD)**
 Total Depth: 4350.00 ft (KB) (TVD)
 Hole Diameter: 7.88 inches Hole Condition: Fair
 Test Type: Conventional Bottom Hole (Reset)
 Tester: Martine Salinas
 Unit No: 82
 Reference Elevations: 3262.00 ft (KB)
 3252.00 ft (CF)
 KB to GR/CF: 10.00 ft

Serial #: 8322

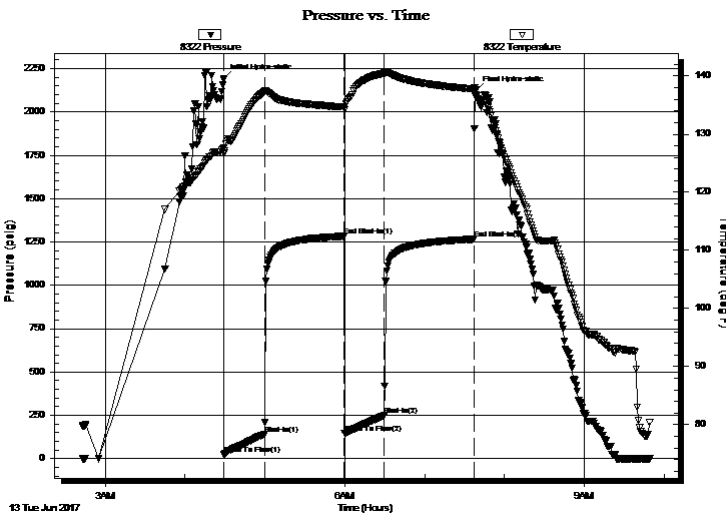
Inside

Press@RunDepth: 248.20 psig @ 4301.00 ft (KB) Capacity: 8000.00 psig
 Start Date: 2017.06.13 End Date: 2017.06.13 Last Calib.: 2017.06.13
 Start Time: 02:43:01 End Time: 09:49:40 Time On Btm: 2017.06.13 @ 04:29:10
 Time Off Btm: 2017.06.13 @ 07:38:30

TEST COMMENT: 30-IF-S.blow built to B.O.B. (11 inches) @ 13 1/2 mins
 60-ISI- Weak s.blow dead @ 11 1/2 mins
 30-FF- S.blow built to B.O.B (11 inches) @ 22 mins
 60-FSI-No blow

PRESSURE SUMMARY

Time (Min.)	Pressure (psig)	Temp (deg F)	Annotation
0	2192.15	127.61	Initial Hydro-static
1	22.54	126.73	Open To Flow (1)
31	140.94	137.33	Shut-In(1)
91	1282.76	134.68	End Shut-In(1)
91	144.89	134.24	Open To Flow (2)
121	248.20	140.42	Shut-In(2)
188	1266.19	137.76	End Shut-In(2)
190	2125.84	136.39	Final Hydro-static



Recovery

Length (ft)	Description	Volume (bbl)
317.00	MCW 34%M, 66%W	4.45
191.00	MW 8%M, 92%W	2.68

* Recovery from multiple tests

Gas Rates

	Choke (inches)	Pressure (psig)	Gas Rate (Mcf/d)

Serial #: 8322

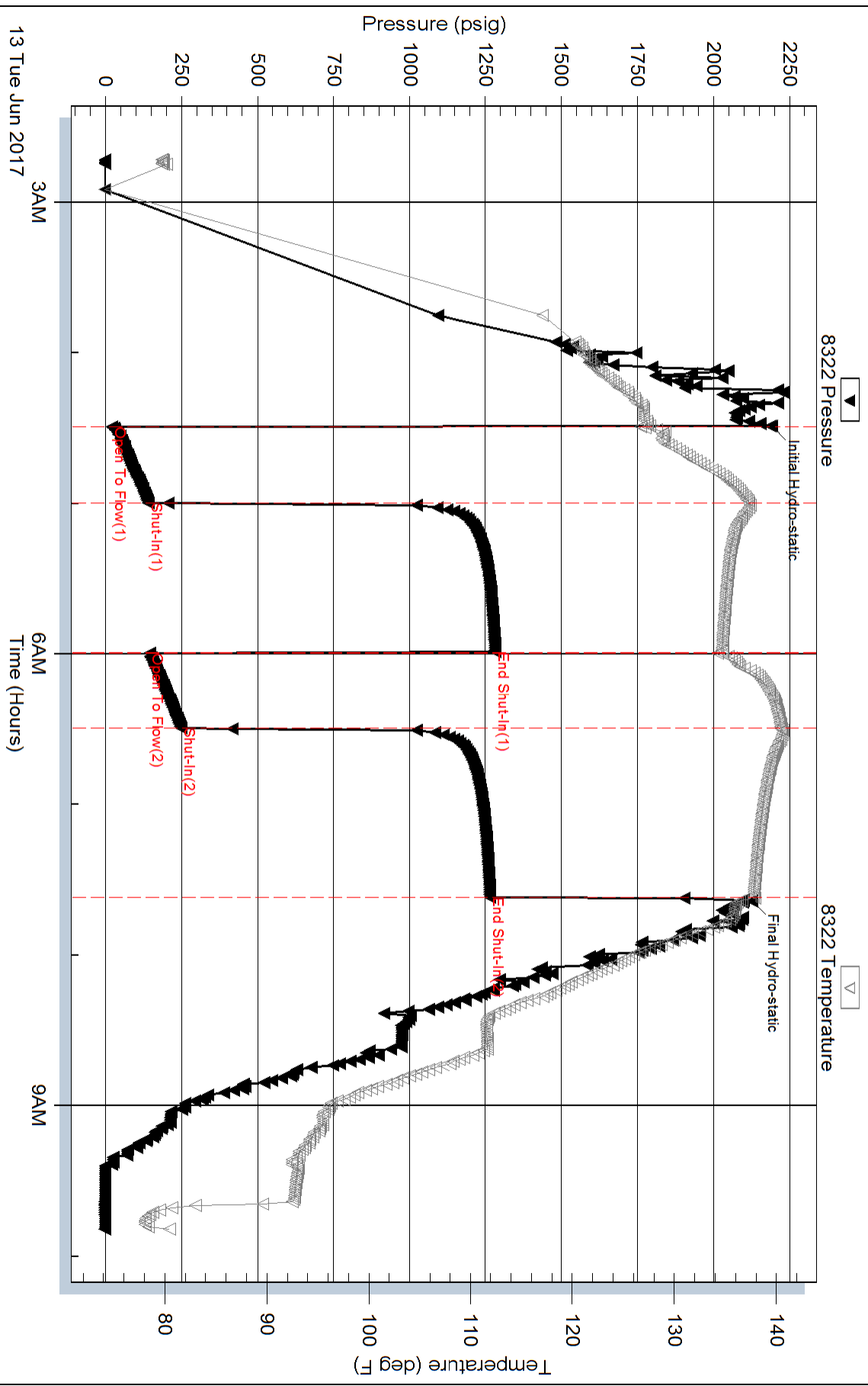
Inside

Culbreath Oil & Gas Co Inc

Dewey Trust#2-3

DST Test Number: 2

Pressure vs. Time

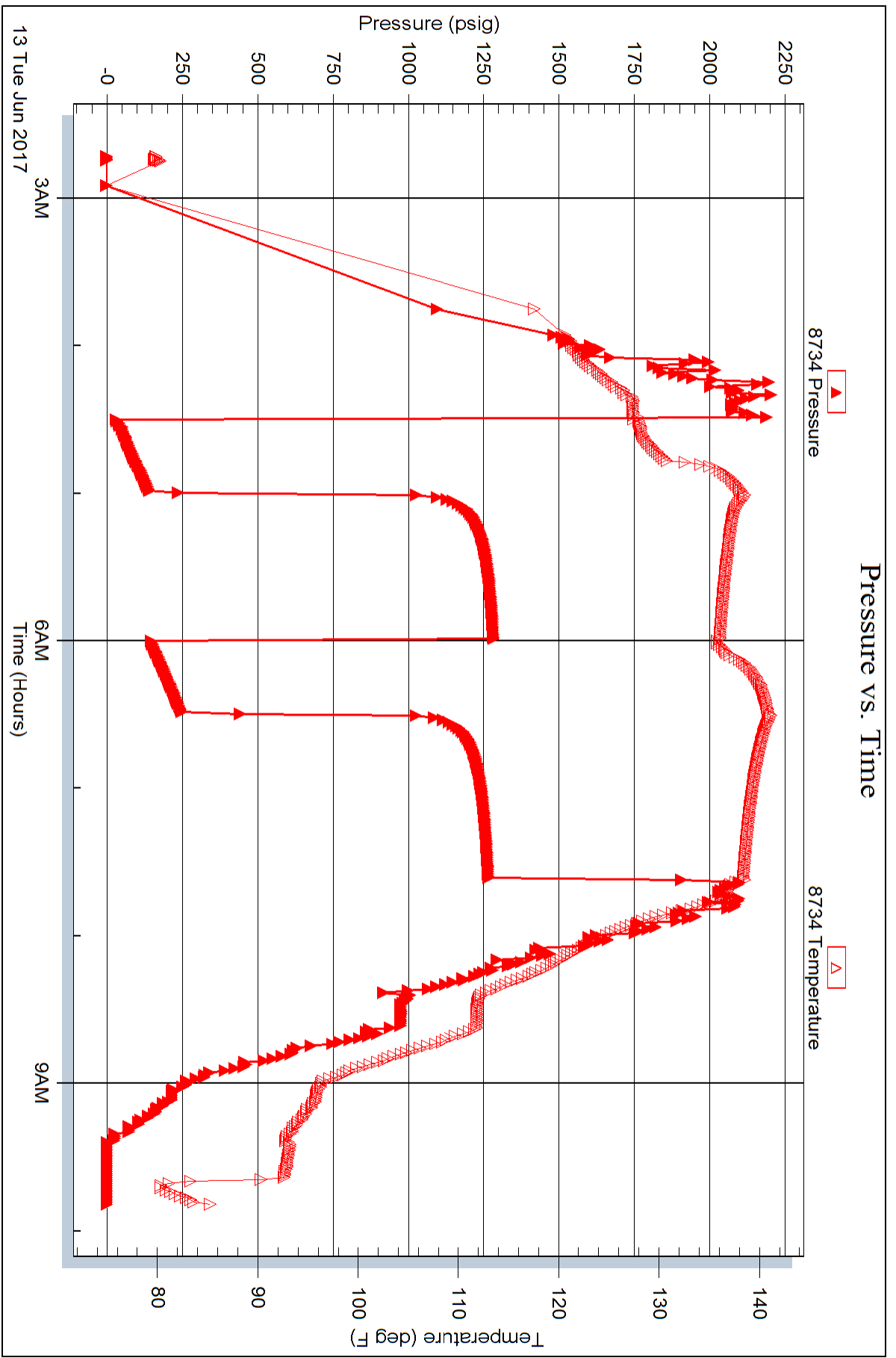


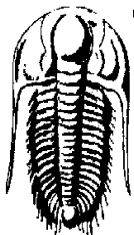
Serial #: 8734

Outside Culbreath Oil & Gas Co Inc

Dewey Trust#2-3

DST Test Number: 2





**TRILOBITE
TESTING, INC.**

DRILL STEM TEST REPORT

FLUID SUMMARY

Culbreath Oil & Gas Co Inc

3-5s.-35w. Rawlins Co.

3501 S. Yale Ave
Tulsa, OK 74135

Dewey Trust #2-3

Job Ticket: 61250

DST#: 3

ATTN: Larry Nichleson

Test Start: 2017.06.14 @ 10:21:00

Mud and Cushion Information

Mud Type: Gel Chem

Cushion Type:

Oil API:

32.4 deg API

Mud Weight: 9.00 lb/gal

Cushion Length:

ft

Water Salinity:

ppm

Viscosity: 58.00 sec/qt

Cushion Volume:

bbbl

Water Loss: 7.60 cm³

Gas Cushion Type:

Resistivity: ohm.m

Gas Cushion Pressure:

psig

Salinity: 500.00 ppm

Filter Cake: 1.00 inches

Recovery Information

Recovery Table

Length ft	Description	Volume bbl
107.00	GMCO 20%G, 25%M, 55%O	1.501
0.00	401' GIP	0.000

Total Length: 107.00 ft Total Volume: 1.501 bbl

Num Fluid Samples: 0

Num Gas Bombs: 0

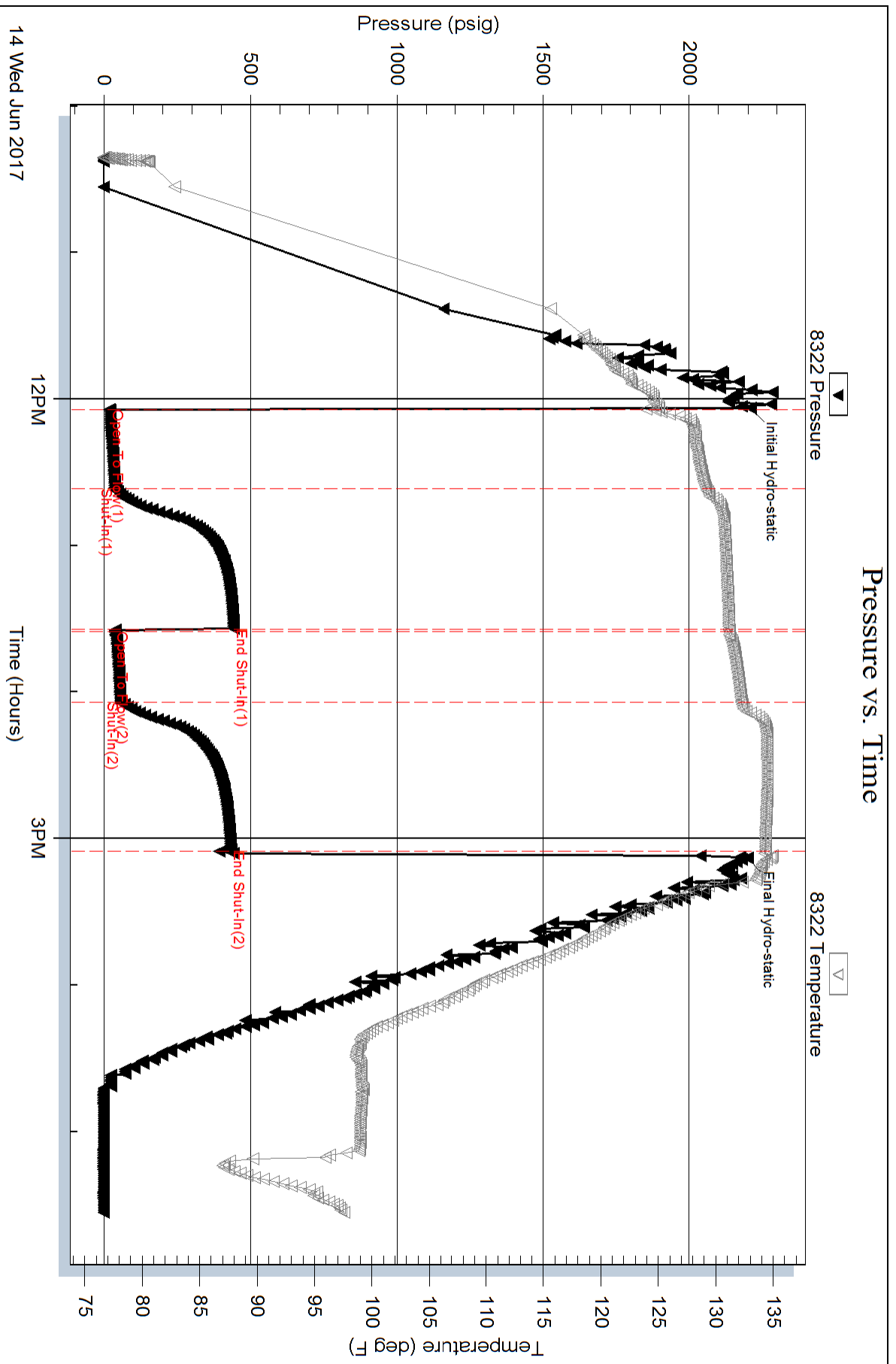
Serial #:

Laboratory Name:

Laboratory Location:

Recovery Comments: Gravity of oil =36 @ 96degs
corrected to 32.4 @ 60

Pressure vs. Time

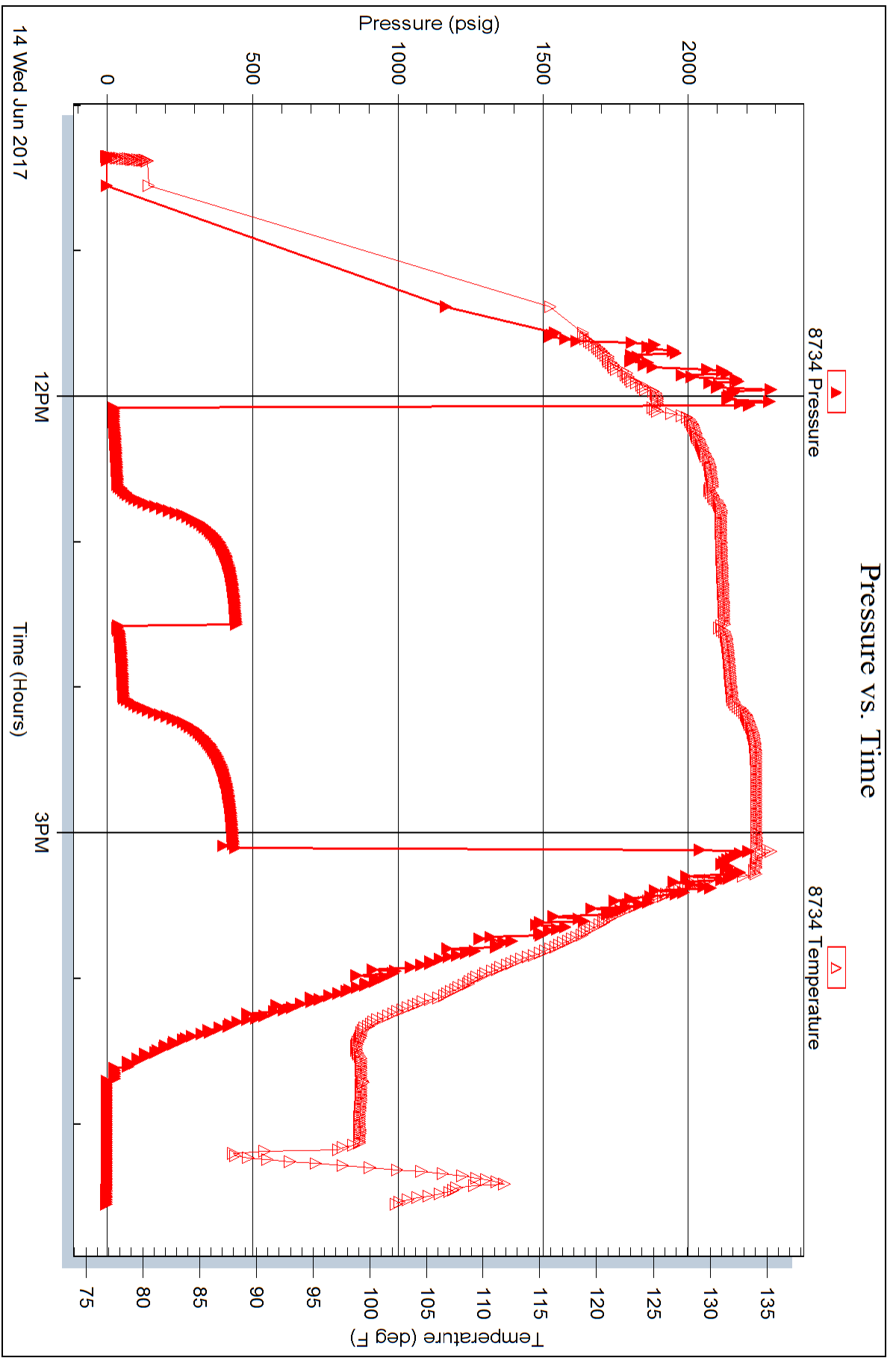


Serial #: 8734

Outside Culbreath Oil & Gas Co Inc

Dewey Trust#2-3

DST Test Number: 3



Trilobite Testing, Inc

Ref. No: 61250

Printed: 2017.06.14 @ 18:26:20



8371
8269

TICKET NUMBER 51829
LOCATION Oakley KS
FOREMAN Jerry & Males S

PO Box 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

FIELD TICKET & TREATMENT REPORT
CEMENT

810509

KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY	
6-16-17	2777	Dewey Trust 2-3	3	S5	35w	Rawlins	
CUSTOMER Culbreath		6 vent 1 to B W to 10 N to E 34 E N into		TRUCK #	DRIVER	TRUCK #	DRIVER
MAILING ADDRESS				753	TRAVIS W		
CITY		STATE		530-T-127	Seth O		
ZIP CODE				566	Steve O		

JOB TYPE long string HOLE SIZE 7 1/8 HOLE DEPTH 4847 CASING SIZE & WEIGHT 5 1/2 15.5#
 CASING DEPTH 4847 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 11/14 SLURRY VOL 2.89/1.42 WATER gal/sk _____ CEMENT LEFT in CASING 42'
 DISPLACEMENT 114/466 DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig up on Southwind 8 run flat equ. scratchers on 5, 6, 7, 8, 9, 10, 11, 12, 13, 14 centralizers on 4, 6, 8, 10, 12, 14, 16, 18, 21, 44 baskets on 5, 22 45 run casing tubing pump ball thru @ 600# reciprocate & circulate w/ 36 pump 566 H₂O 50 gal mud flush and 20 bbl KOL water mix 400 sks multi dense seal and tail in with 200 sks thixobond III shut down clean pump & lines release plug displac 110 bbl final lift 1700# plug landed @ 2500# released back float held 0 cement did circulate to surface

Thank you
Jerry & crew

20 sks mouse hole 30 sks rat hole

12854
12855

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE 0453	1	PUMP CHARGE	2800.00	2800.00
CE 0002	45	MILEAGE	7.15	321.75
CE 0710	30.55	ton mileage delivery	1.75	2405.81
CC 5862	200 sks	thixobond III	26.00	5200.00
CC 6077	1000 #	Kolseal	.50	500.00
CC 5855	450 sks	multi dense	27.00	12150.00
CC 6075	225 #	Flowseal	3.00	675.00
CC 5300	2 gal	KOL	39.00	78.00
CC 6125	500 gal	mud flush	.65	325.00
CP 8676	40	5 1/2 scratchers	75.00	3000.00
CP 8485	1	5 1/2 AFU float shoe	585.00	585.00
CP 8254	1	5 1/2 latch down gassy	400.00	400.00
CP 8554	10	5 1/2 centralizers	81.00	810.00
CP 8629	3	5 1/2 baskets	385.00	1155.00
		Sub total		30405.56
		- 30%		9121.67
		Sub total		21283.89
		SALES TAX		1436.71
		ESTIMATED TOTAL		22720.60

Ravin 3737

AUTHORIZATION [Signature] TITLE _____ DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.



8217
8196

TICKET NUMBER 51795
LOCATION Oakley KS
FOREMAN Jerry Y

PO BOX 884, Chanute, KS 66720
620-431-9210 or 800-467-8676

...LD TICKET & TREATMENT REPORT
CEMENT

Invoice # 810437 KS

DATE	CUSTOMER #	WELL NAME & NUMBER	SECTION	TOWNSHIP	RANGE	COUNTY
6-6-17	2777	Dewey Trust 2-3	3	5 S	35 U	Rawlins
CUSTOMER Culbreath			Levent N to B W to 10 N to E 3/4 East Winds			
MAILING ADDRESS 3501 South Yale Avenue			TRUCK #	DRIVER	TRUCK #	DRIVER
CITY Tulsa			731	Cory D		
STATE OK			772 TIA	Seth O		
ZIP CODE 74135			955 S + 629	Steve O		

JOB TYPE Surface HOLE SIZE 12 1/4 HOLE DEPTH 349 CASING SIZE & WEIGHT 8 5/8 23#
 CASING DEPTH 349 DRILL PIPE _____ TUBING _____ OTHER _____
 SLURRY WEIGHT 152 SLURRY VOL 624 WATER gal/sk _____ CEMENT LEFT in CASING 20'
 DISPLACEMENT 2166l DISPLACEMENT PSI _____ MIX PSI _____ RATE _____

REMARKS: Safety meeting & rig upon South Wind & break circulation with mixture
mix 375 sks surface blend & West up & displace with 2166l fresh water & shut in
circulated cement to surface

Cement did
circulate

Thank you
Jerry & crew

ACCOUNT CODE	QUANTITY or UNITS	DESCRIPTION of SERVICES or PRODUCT	UNIT PRICE	TOTAL
CE0471	1	PUMP CHARGE	1150.00	1150.00
CE0002	45	MILEAGE	7.15	321.75
CE0710	17.63	for mileage delivery	1.75	1388.34
CC5871	375 sks	Surface blend II (com 38 CC 28 gal)	23.00	8625.00
			Subtotal	11485.11
			-30%	3445.53
			Subtotal	8039.58
			SALES TAX	498.09
			ESTIMATED TOTAL	8537.67

RAVIN 3737
 AUTHORIZATION [Signature] TITLE [Signature] DATE _____

I acknowledge that the payment terms, unless specifically amended in writing on the front of the form or in the customer's account records, at our office, and conditions of service on the back of this form are in effect for services identified on this form.